WORK REGISTRATION REFERRAL

You are required to report to the Employment Development Department to register for work before you can be eligible for AFDC.			COUNTY USE ONLY	
Department to regis	ter for work before you can be eligible for	AFDC.	CASE NAME	
Please take this form to the following Employment Development Department Field Office.			INDIVIDUAL'S NAME	
'				
EDD FIELD OFFICE	ADDRESS		CASE NUMBER	
			SSN	
			ELIGIBILITY WORKER	
After registration, re the county welfare o	turn the copy, which EDD will give back the department.	to you, to	DATE	
COUNTY WELFARE DEPARTMENT OFFICE ADDRESS			HAS THE CLIENT APPLIED FOR FOOD STAMPS?	
			☐ YES ☐ NO	
	EDD USE ONLY	In the	event the above named individual	has failed to maintain work
DATE OF REGISTRATION registra		ation, please sign and date below and defensed above.		
AUTHORIZED SIGNATURE		AUTHORIZE	D SIGNATURE	DATE
DISTRIBUTION:	ORIGINAL COPY: TO BE RETAINED BY EDD WHILE REGISTRATION IS MAINTAINED	2ND COPY: T WELFARE DE		PY: TO BE RETAINED BY COUNTY TO BE RETAINED BY COUNTY TO DEPARTMENT

GEN 827 (11/99)